MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention (Maine CDC)
(Formerly Bureau of Health)
11 State House Station
Augusta, Maine 04333-0011
Phone 1-800-821-5821 / Fax 207-287-7443

**ADVISORY - Important Information **

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TO: Public and Private Colleges; School Nurses; Rural Health Centers; Border Medical

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RRCs; Maine Homeless Shelters

FROM: Dora Anne Mills, M.D., M.P.H., Public Health Director

SUBJECT: Syphilis in Maine, 2008

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Syphilis in Maine, 2008

Since March 5, 2008 health care providers in Maine have diagnosed syphilis in nine individuals, ages 25-59, in Cumberland, Kennebec, and York Counties. Three individuals had primary syphilis, three had secondary syphilis, and three had early latent syphilis. Eight of the nine individuals with syphilis were men who have sex with men (MSM); the remaining person with syphilis was a male to female transgendered (MTF) individual. Three of the nine individuals are known to be HIV positive.

Syphilis is not often reported in Maine, and the nine reported cases since early March this year are cause for concern. The median annual number of cases of early syphilis in Maine from 2000 through 2007 was 3.5 with a range from 1 to 16. In order to ensure appropriate diagnosis and treatment of individuals and to prevent further transmission, the Maine Center for Disease Control and Prevention recommends:

- Clinicians consider syphilis during evaluations for possible STD. Syphilis has many
 signs and symptoms that are indistinguishable from those of other diseases. Syphilis is
 passed most commonly in the infectious primary stage from person to person through
 direct contact with a primary syphilis sore. The secondary stage of the disease can also
 be highly infectious.
- Clinicians are aware of the primary stage of syphilis and its symptoms. Primary syphilis is usually marked by the appearance of a single sore (chancre), but there may be multiple sores. The primary sore is usually an eroded papule that is firm, the surface may be crusted or ulcerated, and the border surrounding the lesion is frequently raised and firm. The sore is most often painless. Lymph nodes draining the involved area are frequently enlarged and hard. Primary lesions are not confined to, but most often on the penis or in the vagina, rectum, or mouth.
- Secondary symptoms include alopecia, skin and mucous membrane lesions (lesions are bilaterally symmetrical). More specifically, moist papules (condylomata lata) in anogential region or mouth, lesions of the mouth, throat and cervix (mucous patches), palmar/plantar rash (macular or papular), and nickel/dime lesions (typically on the face) are the most common signs of secondary syphilis.
- Clinicians ensure that diagnostic specimens for syphilis are obtained during screening.
 Screening usually consists of an RPR test. Reactive specimens should be confirmed through additional testing.
- Clinicians refer all suspect syphilis cases to the Maine Center for Disease Control and Prevention for partner tracing and follow-through.
- Clinicians follow the most recent CDC recommendations for syphilis evaluation and treatment, available at http://www.cdc.gov/std/treatment/

For more information, please contact Jennah Godo, 287-3916.